

Home Health Care Services subject to Electronic Visit Verification in the Fee-for-service delivery system

PROMISE/HCSIS Service Description	DHS EVV Mobile App Drop-Down Menu Service	PROCEDURE CODE	MOD 1	MOD 2	MOD 3	MOD 4	PROVIDER TYPE	SPECIALTY	OFFICE	FFS PROGRAM(S)	FFS Authorization Required	FFS Unit of Service	FFS Unit Rule	FFS MMIS Unit Rule	FFS Group Service Indicator
Nursing - (1:1) LPN-15 Mins	Nursing - (1:1) LPN-15 Mins	T2025	TE				16	161	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Adult Autism Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Nursing - (1:1) LPN-15 Mins	Nursing - (1:1) LPN-15 Mins	T2025	TE				05	051	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Adult Autism Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Nursing - (1:1) LPN-15 Mins - ECS	Nursing - (1:1) LPN-15 Mins	T2025	TE	U1			05	051	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Nursing - (1:1) LPN-15 Mins - ECS	Nursing - (1:1) LPN-15 Mins	T2025	TE	U1			16	161	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Nursing - (1:1) RN-15 Mins	Nursing - (1:1) RN-15 Mins	T2025	TD				16	160	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Adult Autism Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Nursing - (1:1) RN-15 Mins	Nursing - (1:1) RN-15 Mins	T2025	TD				05	051	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Adult Autism Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Nursing - (1:1) RN-15 Mins - ECS	Nursing - (1:1) RN-15 Mins	T2025	TD	U1			05	051	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Nursing - (1:1) RN-15 Mins - ECS	Nursing - (1:1) RN-15 Mins	T2025	TD	U1			16	160	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Nursing (1:2) LPN	Nursing (1:2) LPN	T2025	TE	UN			16	161	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Adult Autism Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	Y (1:2)
Nursing (1:2) LPN	Nursing (1:2) LPN	T2025	TE	UN			05	051	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Adult Autism Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	Y (1:2)
Nursing (1:2) LPN - ECS	Nursing (1:2) LPN	T2025	TE	UN	U1		16	161	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	Y (1:2)
Nursing (1:2) LPN - ECS	Nursing (1:2) LPN	T2025	TE	UN	U1		05	051	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	Y (1:2)
Nursing (1:2) RN	Nursing (1:2) RN	T2025	TD	UN			16	160	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Adult Autism Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	Y (1:2)
Nursing (1:2) RN	Nursing (1:2) RN	T2025	TD	UN			05	051	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Adult Autism Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	Y (1:2)
Nursing (1:2) RN - ECS	Nursing (1:2) RN	T2025	TD	UN	U1		16	160	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	Y (1:2)
Nursing (1:2) RN - ECS	Nursing (1:2) RN	T2025	TD	UN	U1		05	051	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	Y (1:2)
Occupational Therapy-15 min	Occupational Therapy-15 Mins	T2025	GO				17	171	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Occupational Therapy-15 min - ECS	Occupational Therapy-15 Mins	T2025	GO	U1			17	171	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Physical Therapy-15 min	Physical Therapy-15 Mins	T2025	GP				17	170	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Adult Autism Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Physical Therapy-15 min - ECS	Physical Therapy-15 Mins	T2025	GP	U1			17	170	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Speech/Language Therapy-15 min	Speech/Language Therapy-15 Mins	T2025	GN				17	173	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Adult Autism Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Speech/Language Therapy-15 min - ECS	Speech/Language Therapy-15 Mins	T2025	GN	U1			17	173	ODP	Consolidated Waiver, Person/Family Directed Support Waiver, Community Living Waiver, Base Funds	Y	15 Minutes	Rule 1	Add Time	N
Speech/Language Therapy - 15 mins - AAW	Speech/Language Therapy - 15 mins - AAW	T2025	GN	U2			17	173	ODP	Adult Autism Waiver	Y	15 Minutes	Rule 1	Add Time	N

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Therapies - Counseling	Therapies - Counseling	T2025	HE				19	425	ODP	Adult Autism Waiver	Y	15 Minutes	Rule 1	Add Time	N
Therapies - Counseling	Therapies - Counseling	T2025	HE				31	426	ODP	Adult Autism Waiver	Y	15 Minutes	Rule 1	Add Time	N
Therapies - Counseling	Therapies - Counseling	T2025	HE				11	421	ODP	Adult Autism Waiver	Y	15 Minutes	Rule 1	Add Time	N
Therapies - Counseling	Therapies - Counseling	T2025	HE				11	422	ODP	Adult Autism Waiver	Y	15 Minutes	Rule 1	Add Time	N
Therapies - Counseling	Therapies - Counseling	T2025	HE				11	423	ODP	Adult Autism Waiver	Y	15 Minutes	Rule 1	Add Time	N
Therapies - Counseling	Therapies - Counseling	T2025	HE				11	424	ODP	Adult Autism Waiver	Y	15 Minutes	Rule 1	Add Time	N
Home Health-Occupational Therapy-OW	Occupational Therapy-15 Mins	T2025	GO				59	171	OLTL	OBRA Waiver	Y	15 Minutes	Rule 4	Add Unit	N
Home Health-Occupational Therapy(Assist.)-OW	Occupational Therapy-15 Mins	T2025	GO	U4			59	171	OLTL	OBRA Waiver	Y	15 Minutes	Rule 4	Add Unit	N
Home Health-Physical Therapy-OW	Physical Therapy-15 Mins	T2025	GP				59	170	OLTL	OBRA Waiver	Y	15 Minutes	Rule 4	Add Unit	N
Home Health-Physical Therapy(Assist.)-OW	Physical Therapy-15 Mins	T2025	GP	U4			59	170	OLTL	OBRA Waiver	Y	15 Minutes	Rule 4	Add Unit	N
Home Health-Speech&Language Therapy-OW	Speech/Language Therapy-15 Mins	T2025	GN				59	173	OLTL	OBRA Waiver	Y	15 Minutes	Rule 4	Add Unit	N
Home Health-Nursing (LPN)-OW	Home Health - Nursing (LPN)	T1003	SE				59	161	OLTL	OBRA Waiver	Y	15 Minutes	Rule 4	Add Unit	N
Home Health-Nursing (RN)-OW	Home Health - Nursing (RN)	T1002	SE				59	160	OLTL	OBRA Waiver	Y	15 Minutes	Rule 4	Add Unit	N
Diabetes outpatient self-management training services, individual, per 30 minutes	Diabetes Outpatient Training Service, individual	G0108					05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	N	30 Minutes	Rule 10 (New)	Add Time	N
Diabetes outpatient self-management training services, group session (two or more), per 30 minutes	Diabetes Outpatient Training, group	G0109					05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	N	30 Minutes	Rule 10 (New)	Add Time	Y (1:many)
Physical Therapy (Days 1-28) by a physical therapist	Physical Therapy (Day 1-28) by a PT	G0151					05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Physical Therapy (Days 29 and beyond) by a physical therapist	Physical Therapy (Day 29 and beyond) by a PT	G0151	UD				05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Occupational therapy (Days 1-28) by a Occupational Therapist	Occupational Therapy (Day 1-28) by a OT	G0152					05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Occupational Therapy (Day 29 and beyond) by an Occupational Therapist	Occupational Therapy (Day 29 and beyond) by a OT	G0152	UD				05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Speech Therapy (Days 1-28) by a Speech Therapist	Speech Therapy (Day 1-28) by a ST	G0153					05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Speech Therapy (29th day and beyond) by a Speech Therapist	Speech Therapy (Day 29 and beyond) by a ST	G0153	UD				05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Home Health agency visit to patient's home (Days 1-28) by home health aide	HHA visit to patient's home (Day 1-28) by a HH Aide	G0156	U8				05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Home health agency visit to patient's home (29th day and beyond) by home health aide	HHA visit to patient's home (Day 29 and beyond) by a HH Aide	G0156	U8	UD			05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting. (Unlimited visits first 28 days)	HHA visit to a patient's home (day 1-28) by a RN	G0299	U8				05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting. (Limited to 15 days per month after first 28 days)	HHA visit to patient's home (Day 29 and beyond) by a RN	G0299	U8	UD			05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Direct skilled nursing of a licensed practical nurse (LPN) in the home health or hospice setting.(Unlimited visits first 28 days)	HHA visit to a patient's home (Day 1-28) by a LPN	G0300	U8				05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Direct skilled nursing of a licensed practical nurse (LPN) in the home health or hospice setting.(Limited to 15 days per month after first 28 days)	HHA visit to patient's home (Day 29 and beyond) by a LPN	G0300	U8	UD			05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Per Visit	Rule 12 (New)	Add Unit	N
Nursing care, in the home; by RN, per hour (Shift Nursing)	EPSDT - Registered Nurse (Pediatric Shift Care)	S9123					05	050	OMAP	Childrens Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Hour	Rule 2	Add Time	N
Nursing care, in the home; by LPN, per hour (Shift Nursing)	EPSDT - Licensed Practical Nurse PDN (Pediatric Shift Care)	S9124					05	050	OMAP	Childrens Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	Y	Hour	Rule 2	Add Time	N
Screening Test, Pure Tone, Air Only	Screening Test, Pure Tone, Air Only	92551					05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	N	Per Visit	Rule 12 (New)	Add Unit	N

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Pure Tone audiometry	Pure tone audiometry (threshold); Air Only	92552					05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	N	Per Visit	Rule 12 (New)	Add Unit	N
Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring (Home Visit Prenatal (Non HBP))	Home Visit Prenatal (Non HBP) Assessment	99500	AT				05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	N	Per Visit	Rule 12 (New)	Add Unit	N
Home visit for postnatal assessment and follow-up care (Home Visit Postnatal (Non HBP))	Home Visit Postnatal (Non HBP) Follow-up Care	99501	AT				05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	N	Per Visit	Rule 12 (New)	Add Unit	N
Home visit for postnatal assessment and follow-up care (Home Visit Postnatal (Non HBP))	Home Visit Postnatal (Non HBP) Follow-up Care Audio/Video	99501	AT	GT			05	050	OMAP	Childrens Healthcare Benefit Package, Adult Healthcare Benefit Package, Presumptive Eligibility for Pregnant Women Healthcare Benefit Package	N	Per Visit	Rule 12 (New)	Add Unit	N